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FACSIMILE COVER SHEET**TO:** Examiner B. Dulaney
Group Art Unit 2625**FROM:** Michael K. O'Neill**RE:** U.S. Application No. 10/644,851
Atty. Docket No.: 03630.000083.2**FAX NO.:** (571) 273-8300**DATE:** November 7, 2007**NO. OF PAGES:** 14
(including cover page)**TIME:****SENT BY:** *RAM***MESSAGE**

Attached is an Amendment in response to the Office Action dated August 7, 2007.

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

November 7, 2007
(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

Michael K. O'Neill
Signature

November 7, 2007
Date of Signature

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NOV 7 - 2007

In re Application of:

Docket No. 03630.000083.2

AVRAHAM RON SCHLANK, et al.

Application No.: 10/644,851

Examiner: B. Dulaney

Filed: August 21, 2003

Group Art Unit: 2625

For: FACSIMILE MANAGER

Date: November 7, 2007

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 6	MINUS	** 20	= 0	x \$25 \$50	- 0 -
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$105 \$210	- 0 -
Fee for Multiple Dependent claims \$185°/\$370						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

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Michael K. O'Neill, Reg. No. 32,622

(Name of Attorney for Applicant)

Signature


November 7, 2007
Date of Signature

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Michael K. O'Neill
Registration No.: 32,622FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
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03630.000083.2

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: B. Dulaney
AVRAHAM RON SCHLANK, et al.)	
	:	Group Art Unit: 2625
Application No.: 10/644,851)	
	:	
Filed: August 21, 2003)	
	:	
For: FACSIMILE MANAGER)	November 7, 2007

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT
AND
REQUEST FOR INTERVIEW

Sir:

In response to the final Office Action dated August 7, 2007, please amend
the above-identified application, as follows:

I hereby certify that this correspondence is being facsimile transmitted to
the U.S. Patent and Trademark Office on:

November 7, 2007
(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

Signature

November 7, 2007
Date of Signature